

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
8	/						58						
9		/					59						
10		/					60						
11	/						61						
12		/					62						
13	/						63						
14		/					64						
15		/					65						
16	/						66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21	/						71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26		/					76						
27		/					77						
28	/						78						
29		/					79						
30	/						80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36	/						86						
37		/					87						
38		/					88						
39	/						89						
40		/					90						
41		/					91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.	22						TOTAL IND.						
TOTAL P.	24						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						